

WATKINS LIFE & BENEFIT ASSOCIATION

Receivership Supervisor
Missouri Department of Insurance,
Financial Institutions & Professional Registration
PO Box 690, Rm. 530
Jefferson City, MO 65101

BENEFICIARY DESIGNATION

TO DESIGNATE OR CHANGE A BENEFICIARY DESIGNATION FOR A WATKINS LIFE & BENEFIT ASSOCIATION POLICY, PLEASE
MAIL THIS COMPLETED BENEFICIARY DESIGNATION FORM WITH THE INFORMATION REQUESTED BELOW.

<u>INFORMATION ON POLICY HOLDER / INSURED</u>					
LAST NAME	FIRST NAME	MIDDLE INITIAL	MAIDEN/ALIAS/NICKNAME		
ADDRESS					
CITY	COUNTY	STATE	ZIP	Date of Birth	Policy No.

BENEFICIARY DESIGNATION:

I HEREBY REVOKE ALL PREVIOUS BENEFICIARY DESIGNATIONS AND, INSTEAD, DESIGNATE THE FOLLOWING AS
BENEFICIARIES OF MY WATKINS LIFE & BENEFIT ASSOCIATION POLICY:

Beneficiary: _____

NAME	ADDRESS	DATE OF BIRTH	RELATIONSHIP TO POLICY HOLDER
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Beneficiary Phone Number (____) _____ - _____

Contingent Beneficiary: _____

NAME	ADDRESS	DATE OF BIRTH	RELATIONSHIP TO POLICY HOLDER
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Contingent Beneficiary Phone Number (____) _____ - _____

Policy Holder's Signature

Date

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